

PTO/SB/21 (02-04)

1636  
JLW**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

09/910,432

Filing Date

July 20, 2001

First Named Inventor

Vaugh, Jacob

Art Unit

1635

Examiner Name

Schnizer, Richard A.

Attorney Docket Number

020154-000110US

**ENCLOSURES** (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address      | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |                                    |                 |
|-------------------------|------------------------------------|-----------------|
| Firm or Individual name | Townsend and Townsend and Crew LLP | Reg. No. 37,369 |
| Signature               |                                    |                 |
| Date                    | June 22, 2004                      |                 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

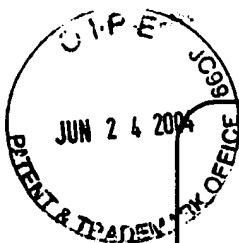
Typed or printed name

Marta R. Vanegas

Signature

Date

June 22, 2004

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

|                        |                      |
|------------------------|----------------------|
| Application Number     | 09/910,432           |
| Filing Date            | July 20, 2001        |
| First Named Inventor   | Waugh, Jacob         |
| Art Unit               | 1635                 |
| Examiner Name          | Schnizer, Richard A. |
| Attorney Docket Number | 020154-000110US      |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

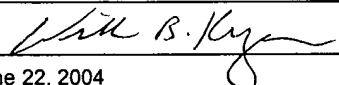
The reasons for this request are: at the request of applicant

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

|   |   |                  |                |     |       |
|---|---|------------------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Ken Sonnenfeld, Esq.  |                  |                |     |       |
| Address   | Morgan & Finnegan LLP   |                  |                |     |       |
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| Country   | United States of America  |                  |                |     |       |
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| Name  | William B. Kezer  |                  |                |     |       |
| Signature   |  | Registration No. | 37,369         |     |       |
| Date  | June 22, 2004   |                  |                |     |       |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.